**Human Resource Development Council IX - Universal Intake Form**

**How did you hear about us?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I Would Be Interested in Getting Help with:** ⬜ Housing ⬜ Senior Needs ⬜ Childcare ⬜ Doing my Taxes ⬜ Finding Employment ⬜ Access to Mental Health Support ⬜ Transportation ⬜ Fleeing domestic Violence ⬜ Living with a Disability ⬜ Getting Food ⬜ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **SSN or last 4** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State** \_\_\_\_\_\_\_**Zip code**\_\_\_\_\_\_\_\_\_\_ ⬜ Physical ⬜ Mailing

**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Okay to contact via:** ⬜ Text ⬜ Phone ⬜ Email

**Housing Type:** ⬜ Own Home ⬜ Rent ⬜ Other Permanent Housing ⬜ Safe Haven ⬜ Homeless ⬜ Other

**Gender:**  ⬜ Female ⬜ Male ⬜ Non-binary **Preferred Pronouns** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity:**  ⬜ Hispanic ⬜ Not Hispanic

**Race:** ⬜ White ⬜ American Indian/Native Alaskan ⬜ Black/African American ⬜Asian

 ⬜ Native Hawaiian/Pacific Islander ⬜ Biracial/Multi-racial ⬜ Other

**Veteran Status:** ⬜ Non-Veteran ⬜ Active Service ⬜ Veteran **Disabling Condition?** ⬜ Yes ⬜ No

**Health Insurance:** ⬜ Medicaid ⬜ Medicare ⬜ CHIP/SHIP/Healthy Montana Kids ⬜ Employment Based ⬜ Private Pay ⬜ VA ⬜ None ⬜ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status:** ⬜ Single ⬜ Married ⬜ Domestic Partnership ⬜ Divorced/Separated ⬜ Widowed

**Highest Level of Education:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Currently in school?** ⬜ Yes ⬜ No

**Are you employed?** ⬜ Yes ⬜ No **Why not?** ⬜ Retired ⬜ Unable to Work ⬜ Looking for work **Employer Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Type of work:** ⬜ Full-time ⬜ Part-time

**Monthly Household Gross Income** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you receive any Non-Cash Benefits?**

⬜SNAP $\_\_\_\_\_\_\_\_\_\_\_

⬜WIC

⬜Affordable Care Act

⬜Childcare Voucher

⬜Housing Choice Voucher/Section 8

⬜HUD/VASH

⬜Permanent Supportive Housing

⬜Public Housing

⬜Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Cash Benefits** | **Monthly Amount** |
| Alimony | $ |
| Child Support | $ |
| Pension | $ |
| SSI or SSDI | $ |
| Retirement from Social Security | $ |
| TANF | $ |
| VA Disability | $ |
| Worker’s Comp | $ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

**Household information, please list all members of your family/household:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Relationship to You****(spouse, child, sister etc.)** | **First Name** | **Last Name** | **DOB** | **SSN or** **last 4** | **Gender** | **Veteran****Y/N** | **Race** | **Ethnicity\*****(See below)** | **Insurance Type\*\*****(See below)** |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |

**\*A.** Hispanic  **B.** Non-Hispanic

**\*\*** **A.** Medicare **B.** Medicaid **C.** CHIP/SHIP/Health Montana Kids **D.** Employer Based **E.** Private Pay **F.** VA **G.** None **H.** Other

CERTIFICATION OF ACCURACY

*I/We hereby certify that all information contained herein is true and accurate to the best of my knowledge. I/we understand that false statements or information are punishable under Federal Law and may result in the discontinuation of HRDC services. Additionally, I authorize HRDC IX, Inc. to enter the information contained on this application in our electronic database(s) for purposes of determining program eligibility, tracking services provided to my household and reporting to federal, state, or other funding sources.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name Date

OFFICE USE ONLY: **Last GVFB Visit \_\_\_\_\_\_\_\_\_\_\_\_ Entered in CW ­­\_\_\_\_\_\_**